## Form (RF-3)

The second second

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate le	evel produced by rate revision effective	06/01/2008
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial		
Automobile Physical Damage     Private Passenger Commercial		
3. Liability Other Than Auto		-6.2%
Burglary and Theft	16,234	-0.2%
5. Glass	29,626	-25.0%
6. Fidelity		-20.070
7. Surety		
<ol> <li>Boiler and Machinery</li> <li>Fire</li> </ol>		
File     Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
	(territories) or certain classes? If so, specify:	
#LI-CR-2007-115		,
*Adjusted to reflect all prior rate changes **Change in Company's premium level w	hich will result from application of new rates. <u>Argonaut Great Central</u> Retail Grocers Program	Insurance Company, #19860-0457
	Mark P. Lucas, CP	CU, AIC, Director of Filings Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JAN 23 2008

SPRINGFIELD, ILLINOIS

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in company's premium or rate level produced by rate revision effective		6/1/2008	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume ( Illinois )*</u>	(3) Percent Change (+ or ~)	
1. Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial			
3. Liability Other Than Auto			
4. Burglary and Theft	\$2,422	-25.0%	
5. Glass	<u> </u>		
6. Fidelity	\$12,001	-6.2%	
7. surety			
8. Boiler and Machinery			
9. Fire			
<ol><li>Extended Coverage</li></ol>			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail			
15. Other			
Line of Insurance			
Does filing only apply to certain territory ( terr	itories ) or certain classes? If so, specify :	No	
Brief description of filing . ( If filing follows ra Adoption of ISO Loss Cost	ates of an advisory organization, specify organiz	ation):	
*Adjusted to reflect all prior rate changes.  **Change in Company's premium level w	hich will result from application of new rates.		
	Westport Insu	rance Corporation,	
	<u> </u>	Name of company	
	John Baue	r - Assistant Vice President	
		Official-Title	

